



Benefits Insight

News About Your Benefits for 2004

Highlights:

- **October 2004 Annual Enrollment**
- **General Information**
- **United HealthCare**
- **POS**
- **EPO**
- **Dental - AIG American General**
- **Basic & Portable Life - AIG American General**
- **Short & Long Term Disability - AIG American General**
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- **Important Numbers**

It is the focus and commitment of Columbia County to bring quality benefits to employees at the least possible cost. As a result of this focus, the new year will bring a change in benefit providers and a reduction of certain premiums to the employees of Columbia County.

Columbia County Human Resources wishes to announce the new providers for 2004. United Healthcare is the chosen provider for medical benefits, AIG American General for dental benefits, life insurance, short-term and long-term disability, and AFLAC for supplemental products. The combination of these products will support an enhanced benefit package for all employees, along with the commitment to achieve a superior level of customer service by the Human Resources Department.

Please review the following presentations of the 2004 benefit products.

GENERAL INFORMATION

The October 2004 edition of Benefits Insight will help you navigate through the enrollment process and will be your guide to making the benefit elections that best suit your needs.

Medical Insurance United Healthcare

- Enroll in either Choice EPO or Choice POS
- Add or remove Dependents
- Children covered to age 19
- Full-time student covered to age 25
- No referrals required
- No PCP designation
- Vision Discount Program

Dental - AIG American General

During open enrollment, you can

- Enroll in or drop your dental coverage
- Drop dental coverage
- Add eligible dependents
- Remove ineligible dependents

Employees may purchase either Plan A or Plan B. Plan A provides \$1,000 basic coverage. Plan B provides \$1,000 basic plus \$1,000 buy-up for a total of \$2,000 for each eligible dependent. Also, the AIG plan allows for "in-network" benefits, or you may choose any physician you wish.

Life Insurance

Current subscribers can add basic life or increase their portable coverage by providing medical evidence of good health. The maximum coverage level is \$500,000 in \$10,000 increments; maximum AD&D is \$250,000. Coverage levels cannot exceed 5 times basic annual earnings.

Employees not currently participating in the Portable Life can enroll for coverage from \$10,000 to \$500,000 by providing medical evidence of good health. Employees can apply for coverage not to exceed 5 times basic annual earnings.

Dependent Life

Spouses not currently enrolled in the dependent life program can enroll by providing medical evidence of good health. Spouses currently enrolled can increase over the \$30,000 guarantee issue amount by providing medical evidence of good health. The maximum coverage level is \$500,000 in \$10,000 increments; maximum AD&D is \$250,000. Coverage cannot exceed employee coverage amount.

Short Term Disability

AIG American General is presenting the short-term disability product. Premiums are based on the plan design selected, age, and salary. The plan pays 60% of salary during disability.

Long Term Disability

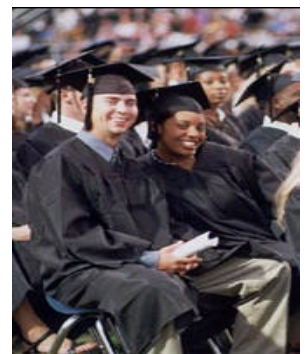
AIG American General is presenting the long-term disability product. You can enroll in or drop your coverage or increase your monthly benefit due to salary increases from the previous year. There are no changes in plan design.

General Information

An employee must be actively at work for any benefit changes to become effective January 1, 2004. If an employee is absent from work due to an injury or sickness on the date enrollment or changes would be effective, the effective date will be deferred until the date the employee returns to work for one full day as an active, full-time employee.

Eligibility status changes due to marriage, birth, adoption or death must be made within 31 days of a life event change. If you fail to request a change within the 31-day provision, you will not be able to enroll until the next open enrollment period.

Children are covered up to age 19 or age 25 if a full-time student.



UNITED HEALTHCARE

United Healthcare offers two plans, Choice EPO and Choice POS. The exciting new feature of Choice EPO is that employees do not have to have a referral for a specialist, nor, do they need to name a primary physician (PCP). Specialists and primary care physicians **must** be part of the network to have charges covered, except for Urgent Care and Emergency Room treatment. Choice POS plan is a Point of Service Plan that mirrors the prior PPO plan.

United Healthcare offers an outstanding employee website, a powerful online tool that provides you with health and benefits information at your fingertips, 24 hours a day, 7 days a week. You can perform a number of self-service functions related to your health plan and take advantage of the vast amount of medical consumer health information provided by United Healthcare.

Features include:

- Self-service center - real time information, check eligibility and benefits
- Search the provider directory for physicians and facilities - order replacement ID cards
- Change or select a new primary care physician (if required by your plan)
- Talk online live with a registered nurse "Nurse Chat"
- Healthwise Knowledgebase or important health information
- Estimate treatment cost using "Treatment Cost Estimator"
- Access pharmacy information 7 days a week - order and renew home delivery prescriptions
- Affinity program for Vision Plus - 24 providers Augusta/South Carolina area.

Wherever you have internet access, registration, and login is easy by visiting United's secure website, www.myuhc.com.

Choice POS		United Healthcare	
		Plan Design	
MEDICAL COVERAGE BENEFIT		Benefit Amount	
Lifetime Maximum Benefit		\$1,000,000	
Calendar Year Maximum Benefit			
Calendar Year Deductible-Carry Over Deductible Applies	PPO	NON-PPO	
Per Person	\$200	\$500	
Per Family	\$600	\$1,500	
Out of Pocket	PPO	NON-PPO	
Per Person	\$250	\$2,500	
Per Family	\$750	\$7,500	
	PPO	NON-PPO	
Co-insurance	90%	70%	
Physician's Office Visit Co-Pay	\$20 copay then 100%	70% to \$5,000, then 80%	
Routine Physicians/Immunizations*See plan design	\$20 copay then 100%	70% after deductible	
Out-Patient Hospital Charges	90%	70% to 5,000 then 80%	
In-Patient Hospital Charges	90%	70% to 5,000, then 80%	
Per Confinement Deductible	\$100	\$300	
Accident Benefit Maximum Per Accident			
Wellness Expense Benefit (Mammogram, Pap Smear, Prostate Exam, Routine Exam) Per Person Per Calendar Year	PPO	NON-PPO	
	\$20 copay then 100%	70% after deductible	
Emergency Room	90% after deductible / 70% after deductible		
Urgent Care Co-Pay	\$50 Co-Pay		
Diagnostic X-Ray & Laboratory	90% after deductible / 70% after deductible		
Skilled Nursing Facility	90% after deductible 90-day limit / 70% after deductible 90-day limit		
Home Health Care	90% after ded 120 visits per yr / 70% after ded 120 visits per yr		
Private Duty Nursing	90% after ded up to 70 (8) hr shifts / 70% after ded up to 70 (8) hr shifts		
Hospice Care			
Hospice Inpatient	90% after ded up to 30 days / 70% after ded up to 30 days		
Hospice Outpatient	90% after ded max \$5000 / 70% after ded max \$5000		
Short Term Rehabilitation	90% after deductible / 70% after deductible		
Ambulance	90% after deductible / 70% after deductible		
Durable Medical Equipment	90% after deductible / 70% after deductible		
Infertility Service	Payable - See Contract for Limitations		
Alcohol/Drug Abuse			
Inpatient Coverage	\$100 deductible pc 90% / \$300 deductible pc 70%		
Calendar Year Maximum	30 days per calendar year		
Outpatient Coverage	30 days per calendar year		
In-Patient Coinsurance	\$100 deductible pc 90% / \$300 deductible pc 70%		
Out-Patient Coinsurance	90% after deductible 30 v / 70% after deductible 30 v		
Mental or Nervous Disorder Expense Benefit			
In-Patient Coverage	\$100 deductible pc 90% / \$300 deductible pc 70%		
Calendar Year Maximum	30 days per calendar year		
Outpatient Coverage	30 days per calendar year		
Calendar Year Deductible for Drug Benefits			
Medco Drug Program	Generic	Preferred	Non-Preferred
Prescription Drug Card Program	\$10	\$20	\$35
Mail Order Maintenance Program	*mail order 2 times copay for 31 to 90 days		
	\$500 penalty if no pre-cert for out-of-network in patient		
This is not a complete disclosure of the plan. The plan certificate contains specific qualifications, limitations and exclusions.			

Choice EPO	United Healthcare
MEDICAL COVERAGE BENEFIT	PLAN DESIGN
PRIMARY CARE PHYSICIAN VISITS	Copayments
Office Hours	\$15
After Hours	\$25
Specialty Care	
Office Visit	\$25*
Diagnostic Outpatient Testing	\$25
Physical/Occupational/Speech Therapy	\$25
Allergy Testing	\$25
Diagnostic X-Ray & Laboratory	\$0, except in doctor's office copay applies
SPU Surgery Outpatient (Copay waived if admitted)	\$0
Hospitalization	\$100
Emergency Room (Copay waived if admitted)	\$75
Urgent Care Center	\$50
Maternity	
First OB Visit	\$25
Hospital	\$100
Skilled Nursing Facility	\$0 limit of 90 days per calendar year
Home Health Care	\$0 limit of 120 visits per calendar year
Hospice Care	\$0
Short-Term Rehabilitation	\$25 copay, 60 visits per calendar year
Spinal Manipulation/Chiropractic Care	\$25 copay limit of 20 visits per calendar year
Ambulance	\$0
Durable Medical Equipment	\$0
Infertility Services	Payable - see contract for limitations
Mental Health and Alcohol/Drug Abuse Services	
Inpatient	\$100 copay limit of 35 days per calendar year
Outpatient	\$25 copay limit of 20 visits per calendar year
Preventative Care	
Routine Eye Exam 1 Visit Every 12 Months	\$25
Routine GYN Exam	\$25
Routine Hearing Exam 1 per 24 months	\$25
Prescriptions	\$10/\$20/\$35 30-day @ participating pharmacy
Medco RX Mail Order	
(PCP=Primary Care Physician)	
	*Routine Physicals/Immunizations
	See guidelines
This is not a complete disclosure of the plan. The plan certificate contains specific qualifications, limitations, and exclusions.	

DENTAL

Preventive Services

- X-rays
- Cleaning
- Topical fluoride treatment (*through age 14*)
- Thumbsucking and harmful habit appliances (*through age 14*)
- Space maintainers (*through age 14*)
- Sealants (*through age 14*)

Basic Services

- Emergency exams and palliative care for pain relief
- Oral surgery
- Amalgam, composite fillings
- Extractions (*routine*)
- Non-cast prefabricated stainless steel crowns
- Partial or complete denture repairs/adjustments
- Periodontics
- Endodontics (*root canals*)

Major Services

- Crowns
- Inlays and onlays
- Removable or fixed bridgework
- Partial or complete dentures
- Denture relines/rebases

Orthodontic

- Covers adults and children
- Lifetime Orthodontic Maximum

Calendar-year Deductible

- Individual/Family

Annual Maximum (*excludes orthodontic services*)

In-Network

100% no deductible

Any Dentist

100% no deductible

90% after deductible

80% after deductible

60% after deductible

50% after deductible

50% no deductible

50% no deductible
\$1,000

\$50/\$150

Basic \$1,000 / **Basic + Supplemental** \$2,000

Easy to use

- **No claims forms.** Simply present your ID card at each dental visit.
- **Fast claims processing.** Nearly 90% of complete claims are processed within 3 working days.
- **Advanced claims payment.** Claims are not held because of missing information. We'll call you or your dentist to find answers and keep claims moving.
- **Hassle-free customer service.** Calls us at 800-221-3480 - **Monday through Friday from 7:30 to 8:00 pm EST**

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Save Tax Money

On health, dental and qualified insurance premiums

You might save tax money on these premiums by participating in the county pre-tax savings plan. Please see below.

Employee Savings Example Per \$1,000 in salary

Without Flex Plan

\$ 1,000 Gross Income

-250 Taxes

\$ 750 Paycheck

-100 Insurance Premiums

\$ 650 Net Spendable

With Flex Plan

\$ 1,000 Gross Income

-100 Insurance Premiums

900 Adjusted Gross Income

- 225 Taxes

\$ 675 Net Spendable/Paycheck

\$25 Tax Savings!

This example is illustrative only and assumes a combined tax rate (income, FICA, Medicare) of 25%.

Your own personal tax situation may differ.

AIG

American General

BASIC LIFE

- The Basic Life provides \$25,000 for Class I employees and \$15,000 of coverage for Class II employees bundled with an equivalent amount of Accidental Death and Dismemberment coverage.
- Dependent coverage is available for spouses and children in the amount of \$2,000, except if the child is age 14 days to 6 months, and then coverage is \$200.
- Coverage for unmarried children to age 19 or to age 25, if full-time student.

PORTABLE LIFE

Program Basics

- "In addition" to any basic life insurance Columbia County may provide, eligible employees can purchase more coverage by enrolling in a supplemental term life insurance program.
- This supplemental life coverage is portable. If you change jobs or retire, you can keep your coverage.
- Underwritten by AIG American General, this program is called Portable Life.

Coverage Available

For You:

- Apply for Portable Life coverage from \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times employee's Basic Annual Earnings.

For Your Spouse:

If spouse is under age 70, he/she may apply for Portable Life coverage from \$10,000 to \$500,000 in \$10,000 increments not to exceed employee's coverage.

- **For Your Children:**

Children's Portable Life coverage available in amounts of \$5,000 or \$10,000 if you or your spouse is covered. (Benefit limited to 10% for children age 14 days to 6 months). Coverage for unmarried children to age 19 or to age 25, if full-time student.

Rate Information

- The rate is based on your age at the start of the plan's current policy year.
- Any future rate changes due to age will be effective on your employer's plan anniversary date following the date you enter the new age bracket. Rates do not include coverage for Accidental Death & Dismemberment. If you elect this coverage, your rate increases by \$.03 per \$1,000 of coverage. Children's rates are \$.044 per pay period for \$5,000 coverage and \$.088 per pay period for \$10,000 coverage.

How To Use This Chart

To determine your bi-weekly premium:

1. Select the total amount of Portable Life Coverage you want.
2. Multiply times the rate for your age bracket.
3. Multiply by 12 (months).
4. Divide by 26 (pay periods).

AGE OF EMPLOYEE/SPOUSE	RATE
Less than 30	.07
30-34	.09
35-39	.14
40-44	.24
45-49	.37
50-54	.69
55-59	1.09
60-64	1.60
65-69	2.66
70 and over	5.44

Portable Life Rate Chart

(Cost per month/per \$1,000 of Coverage)

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SHORT-TERM DISABILITY

AIG American General Insurance Company provides disability income plans that offer valuable protection against loss of income when you are disabled by illness or injury.

Maximum Weekly Benefit

Your weekly benefit amount is based on your salary (your basic rate of pay excluding overtime, bonuses, or special compensation). The weekly maximum benefit amount is \$1,000. The benefit percent is 60% of basic salary. Premiums are based on age, salary, and benefit elected.

Elimination Period

The plan offers Option #1, 8 Days Accident Elimination Period and 8 Days Sickness Elimination period. Option #2 offers 15 days Accident Elimination Period and 15 Days Sickness elimination period.

Cost of Living Freeze

The benefit amount, once established, will not be reduced by cost-of-living increases payable from other income sources.

LONG-TERM DISABILITY

Monthly Benefit

Your monthly benefit amount is based on your monthly salary range (your basic rate of pay excluding overtime, bonuses, or special compensation). You can select any monthly benefit amount up to the monthly benefit available for your salary range. (See Bi-Weekly Premium Rate Table.)

Elimination Period

If you are totally disabled, then benefits will begin after you have satisfied your elimination period of 180 days.

Maximum Benefit Period

Starts on the day following the elimination period and ends when you are no longer totally disabled or partially disabled, as defined, or to normal social security retirement age (age as defined by the Social Security Administration).

Monthly Benefit Adjustments

Adjustments to the monthly benefit amount due to change in salary are made on the anniversary date, and are not to exceed the amount available for your salary range.

Cost of Living Freeze

The monthly benefit amount, once established, will not be reduced by cost-of-living increases payable from other income sources.

Minimum Monthly Benefit

The \$100 minimum monthly benefit is guaranteed, regardless of income received from other income sources.

Rates

The premium is based on employee's age on the effective date of coverage, the monthly benefit amount elected, and the payroll deduction frequency. The premium will be adjusted due to change in age or salary on the next plan anniversary date.

This is not a complete disclosure of the plans. The plans certificates contain specific qualifications, limitations and exclusions.



The Product	The Benefit	The Necessity
Accident/Sickness Disability Policy	Helps provide a financial cushion beyond an accident to include sickness and off-the job disability riders.	An extended illness can be just as debilitating as an injury-suspending or stopping the physical capacity to earn a living.
Cancer Expense Protection Policy	Helps offset the medical expense related to cancer treatment.	In the United States, men have a 1-in-2 and women 1-in-3 <i>lifetime risk</i> of getting cancer. Over \$37 billion is spent each year to treat cancer.
Intensive Care Policy	Covers confinement in hospital intensive care.	IC costs soar well above those of a general room as well as above the benefit levels of standard health insurance policies.
Hospital Confinement Policy	Helps offset the non- covered expenses of a hospital stay.	Inpatient <i>daily</i> costs average nearly \$1,066; outpatient surgeries accounts for 62% of all operations.
Personal Recovery Plus	Benefits for major hospital confinements.	Benefits for heart attack, organ transplants, coma, etc.
Personal Sickness Indemnity	Helps offset office visits, hospitalization/surgical costs.	Benefits for hospitalization, exams, surgical, plus more.

This is not a complete disclosure of the plan. The plan certificate contains specific qualifications, limitations and exclusions.

Visit the website www.aflac.com to obtain claims forms or call your AFLAC Representative @ (706) 869-1820

Cobra Coverage

If you lose coverage due to termination of employment or reduction in hours, or your dependents are no longer eligible for coverage, health and dental coverage for you and/or your dependents may be continued under COBRA for up to 18 months.

HIPAA Privacy Practices

Protecting the privacy and confidentiality of information about our employees is very important to the Columbia County Board of Commissioners and the health care provider. The separately issued Notice of Privacy Practices explains key elements of the requirements of the Health Insurance Portability and Accountability Act of 1996 and the related regulations (HIPAA) concerning the privacy of protected health information.

If you have questions regarding this Notice, privacy practices, or to make requests as described above, please contact The Employee Medical Plan Privacy Officer, Human Resources Manager, Columbia County Board of Commissioners, at Building B, 630 Ronald Reagan Drive, Evans, GA 30809, by phone at (706) 868-3300, or by fax at (706) 868-3301. Include your name and fax numbers.





Columbia County Defined Contribution Plan

The Columbia County Board of Commissioners Retirement and Deferred Compensation Plans are defined contribution plans which provide employer base contributions and voluntary employee deferred compensation administered by GEBCorp. Defined contribution plans allow an employer and/or employee to contribute a percentage of salary to an account in the employee's name. Employees choose between a range of investment options and receive quarterly statements which detail the deposits, earnings, and other activities in their individual account.

Employer Base Contribution: The County will deposit 4% of salary in an employee's 401(a) retirement account. This deposit is made by the County and does not require any contribution employee contribution.

Eligibility: All employees who work more than one thousand hours per year are eligible for the County's 401(a) and 457 Deferred Compensation.

*Vesting Schedule
For 401(a):*

Year 1	0%
Year 2	25%
Year 3	50%
Year 4	75%
Year 5	100%

Fund Selection: Currently you have 16 funds to choose from under the 401(a) plan. These funds are through Charles Schwab.

Employees choose the investment options which are appropriate for their own situation. Employees may choose a stable value option or mutual fund options. Employees may change the investment option where future deposits will be invested or move money from one option to another.

Upon leaving employment with Columbia County, you may withdraw these funds in a lump sum, systematic withdrawal, or roll over into an IRA as long as you meet the vesting qualifications.

Employees will receive quarterly statements from GEBCorp.

Employees may access their account(s) by calling the GEBCorp Inquiry Line at 1-866-482-7101 or visiting the web site @ www.GEBCorp.com. Locally, you may reach our representative Greg Gease at 706-860-3252.



Deferred Compensation 457 Plan

Employees may contribute from 0% to 100% of salary into a 457 Deferred Compensation Account not to exceed \$12,000 under Internal Revenue Code 457, a retirement savings program that allows employees to contribute a portion of their salary *before federal and state taxes* to a retirement account.

Employer Matching Contribution

In addition to the base contribution, the County will match half of what an employee defers, up to 8% of salary. For example, if an employee defers 8% of salary, the County will deposit a match contribution of 4% in the employee's 401(a).

Key Points of the 457 Plan:

- Employee contributions are not taxed to the participant until withdrawn
- Earnings on the account are not taxed until withdrawn
- Distribution at retirement may be "tax favored"
- Participants are given the right to direct investments
- Participants may also have a deductible IRA, subject to income levels and filing status

Quarterly statements are also received on the 457 as with the 401(a).

Employees may contact, Greg Gease, GEBCorp representative at 706-650-3252 for assistance in setting up an account and financial planning for their retirement. Or access the Inquiry Line at 1-866-482-7101 or visit the website at www.GEBCorp.com

Employee Benefits Summary Effective January 1, 2004

Medical and Hospitalization Coverage

Employees may choose either the Choice EPO or the Choice POS (Point of Service) through United Healthcare. The premium is shared by the employee and employer.

<u>Coverage</u>	<u>Employee Cost</u> <u>Bi-weekly/POS</u>	<u>Employee Cost</u> <u>Bi-weekly/EPO</u>
Employee	\$ 39.93	\$ 25.06
Employee + 1 Dependent	\$ 78.78	\$ 49.42
Employee + 2 or More Dependents	\$115.90	\$ 72.78

Life Insurance

Employees may select AIG American General Life Insurance. The premium is shared by the employee and employer.

<u>Coverage</u>	<u>Bi-weekly</u> <u>Class I Class II</u>		<u>Monthly</u> <u>Class I Class II</u>	
Employee Basic	\$.49	\$.29	\$1.06	\$.64
Employee AD&D	\$.09	\$.05	\$.19	\$.11
Dependent Basic per Unit	\$.08	\$.08	\$.16	\$.16

Portable Life Insurance

AIG American General Supplemental life insurance is available for the employee, spouse, or eligible dependents. Life Insurance rates per \$1,000 are based on age. The employee pays all premium cost.

Dental Insurance

Employees may participate in the indemnity dental plan and new supplemental dental coverage through AIG American General. Premium cost includes child and adult orthodontia. The premium is shared by the employee and employer, and "Buy-Up" premiums are paid by the employee.

<u>Coverage</u>	<u>Employee</u> <u>Bi-weekly/Basic</u>	<u>Buy-Up</u> <u>Cost</u>	<u>Employee</u> <u>Monthly/Basic</u>	<u>Buy-Up</u> <u>Cost</u>
Employee	\$2.00	\$.80	\$ 4.34	\$1.72
Employee + Spouse	\$4.28	\$1.71	\$ 9.28	\$3.69
Employee + Child	\$4.51	\$1.80	\$ 9.76	\$3.88
Family	\$6.86	\$2.73	\$14.86	\$5.91

Short-Term & Long-Term Disability

Both short-term and long-term disability products are available through AIG American General for eligible employees. Premiums for both of these products are based on age, income, and level of coverage selected. Premium costs are paid by the employee.

Supplemental Insurance Products

Employees may select a variety of supplemental products through AFLAC. Products include Intensive Care, Voluntary Indemnity Plan, Cancer, Accident, Personal Sickness and Personal Recovery Plus. The employee pays all premium cost.

457 Deferred Compensation Plan

Employee contribution only.

401(a) Defined Contribution Retirement Plan

Employer contributes 4% of eligible employee's salary into a retirement account.

Employer Matching Contribution

Employer will contribute one-half of one percent of employee compensation for each one percent the eligible employee contributes, not to exceed the lesser of four percent of an employee's compensation in any one year into the employee's 401(a) account.

<u>Holidays</u>	New Years Day	Memorial Day	Independence Day	Labor Day
	Veterans Day	Thanksgiving Day	Day after Thanksgiving	Christmas Eve
		Christmas Day	Two Personal Holidays	

Important Numbers



United Healthcare POS/EPO

Customer Service
(866) 633-2475
Website: www.unitedhealthcare.com
Website: www.myuhc.com

AIG American General

Dental Insurance
Life Insurance
Short Term Disability
Long Term Disability

Customer Service
(800) 221-3480 (Dental)
Website: www.agac.com
(800) 346-7692 (Main Customer All Issues)

AFLAC

Bonnie R. Rowe
Phone: (706) 650-8111
Fax: (706) 650-8193
Website: www.aflac.com

Benefits Analyst

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Benefits Advocate

Debbie Rish
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drish@co.columbia.ga.us
Fax: (706) 312-7381

GEBCorp Representative

Greg Gease
Phone: (706) 860-3252
1-800-736-7166
Email: greggease@gebcorp.com
Website: www.gebcorp.com

CONCERN - Employee Assistance Program (EAP) (706) 722-2353 or Toll Free 1 (800) 285-2353
Columbia County provides an EAP Program. **CONCERN is a strictly confidential** program that will provide a free assessment of your situation and is available for you and your immediate family.

CONCERN can help with:

Family or marital relationships
Life-change situations
Legal or financial problems

Alcohol and drug problems
Emotional adjustment
Job or vocational planning

For a **confidential** counseling session or for further information, call (706) 722-2353. **CONCERN- Employee Assistance Program** is a service of University Behavioral Health Link.

My Benefits Checklist

Benefit	Employee	Employee + One	Employee + Spouse	Employee + Child	Family
POS Insurance					
EPO Insurance					
Dental Insurance					
Basic Life Insurance					
Portable Life					
Dependent Life					
Supplemental Insurance					
Long Term Disability					
401 (a) Retirement					
457 Deferred Compensation					